



PIONEER PACIFIC COLLEGE

Clackamas: 8800 SE Sunnyside Rd, Clackamas, OR 97015 phone: 503-654-8000 fax: 503-659-6107
 Springfield: 3800 Sports Way, Springfield, OR 97477 phone: 541-684-4644 fax: 541-684-0665
 Wilsonville: 27501 SW Parkway Avenue, Wilsonville, OR 97070 phone: 503-682-3903 fax: 503-682-1514

OFFICIAL TRANSCRIPT REQUEST FORM

PRINT YOUR NAME & ADDRESS
LAST, FIRST, MIDDLE INITIAL
ADDRESS
CITY, STATE & ZIP
OTHER NAMES USED WHILE ATTENDING

DATE
TELEPHONE NO.
YOUR SOCIAL SECURITY NUMBER
YOUR SIGNATURE

<input type="checkbox"/> MAIL TRANSCRIPT IMMEDIATELY	Date of Birth _____	Year Last Attended _____
<input type="checkbox"/> MAIL TRANSCRIPT AFTER END OF TERM		
<input type="checkbox"/> HOLD FOR PICK UP (photo ID required)	Visa/MasterCard Credit/Debit card number: _____	
If your account is not clear with the PPC business office (503-654-8000) your request will be returned to you unprocessed. Payment must accompany request.	Expiration date: _____	
	Name on card: _____	

MAIL TRANSCRIPT TO: (Fill out separate request for each address)	Number of Transcripts _____	FOR OFFICE USE ONLY	
NAME	FEE: \$5.00 EACH.	DATE TRANSCRIPT ISSUED	
ADDRESS		AMOUNT PAID	
	NORMALLY, TRANSCRIPTS ARE READY 2-5 BUSINESS DAYS AFTER REQUESTED.	<input type="checkbox"/> CHECK/CASH	<input type="checkbox"/> CREDIT CARD
CITY, STATE & ZIP CODE		RECEIVED BY/DATE	RECEIPT NO.